

County: Lincoln  
PINE CREST NURSING HOME  
2100 EAST 6TH STREET

Facility ID: 7180

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MERRILL 54452 Phone: (715) 536-0355  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 180  
Total Licensed Bed Capacity (12/31/03): 180  
Number of Residents on 12/31/03: 166

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 170

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.7
Supp. Home Care-Personal Care	No					1 - 4 Years		46.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	4.2	More Than 4 Years		20.5
Day Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	4.2			----
Respite Care	Yes	Mental Illness (Other)	1.2	75 - 84	38.6			91.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	36.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.0	95 & Over	16.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.6		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	27.7	65 & Over	95.8	-----		
Transportation	No	Cerebrovascular	6.6	-----	-----	RNs		10.1
Referral Service	No	Diabetes	4.2	Gender	%	LPNs		2.9
Other Services	Yes	Respiratory	5.4	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.3	Male	23.5	Aides, & Orderlies		
Mentally Ill	No		----	Female	76.5			40.1
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	0.7	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Skilled Care	8	100.0	299	124	89.2	116	4	100.0	117	15	100.0	147	0	0.0	0	0	0.0	0	151	91.0
Intermediate	---	---	---	14	10.1	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	8.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		139	100.0		4	100.0		15	100.0		0	0.0		0	0.0		166	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	9.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.7	Bathing	0.6	65.1	34.3	166
Other Nursing Homes	5.1	Dressing	21.1	60.8	18.1	166
Acute Care Hospitals	76.9	Transferring	37.3	47.0	15.7	166
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	33.7	41.6	24.7	166
Rehabilitation Hospitals	0.0	Eating	53.0	38.0	9.0	166
Other Locations	6.8	*****				
Total Number of Admissions	117	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care		6.6
Private Home/No Home Health	21.7	Occ/Freq. Incontinent of Bladder	53.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.8	Occ/Freq. Incontinent of Bowel	19.3	Receiving Suctioning		0.0
Other Nursing Homes	0.9			Receiving Ostomy Care		3.0
Acute Care Hospitals	3.5	Mobility		Receiving Tube Feeding		2.4
Psych. Hosp.-MR/DD Facilities	0.9	Physically Restrained	4.2	Receiving Mechanically Altered Diets		34.3
Rehabilitation Hospitals	0.0					
Other Locations	6.1	Skin Care		Other Resident Characteristics		
Deaths	52.2	With Pressure Sores	6.6	Have Advance Directives		92.8
Total Number of Discharges		With Rashes	10.2	Medications		
(Including Deaths)	115			Receiving Psychoactive Drugs		54.8

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	87.6	1.08	84.0	1.12	84.0	1.12	87.4	1.08
Current Residents from In-County	89.8	77.0	1.17	80.7	1.11	76.2	1.18	76.7	1.17
Admissions from In-County, Still Residing	42.7	25.0	1.71	21.5	1.98	22.2	1.92	19.6	2.18
Admissions/Average Daily Census	68.8	107.5	0.64	135.6	0.51	122.3	0.56	141.3	0.49
Discharges/Average Daily Census	67.6	108.9	0.62	137.2	0.49	124.3	0.54	142.5	0.47
Discharges To Private Residence/Average Daily Census	24.7	48.3	0.51	62.4	0.40	53.4	0.46	61.6	0.40
Residents Receiving Skilled Care	91.6	93.7	0.98	94.8	0.97	94.8	0.97	88.1	1.04
Residents Aged 65 and Older	95.8	88.4	1.08	94.5	1.01	93.5	1.02	87.8	1.09
Title 19 (Medicaid) Funded Residents	83.7	66.9	1.25	71.9	1.16	69.5	1.20	65.9	1.27
Private Pay Funded Residents	9.0	18.9	0.48	17.4	0.52	19.4	0.46	21.0	0.43
Developmentally Disabled Residents	1.2	0.5	2.50	0.6	2.06	0.6	1.90	6.5	0.19
Mentally Ill Residents	28.9	46.3	0.62	31.8	0.91	36.5	0.79	33.6	0.86
General Medical Service Residents	19.3	16.7	1.16	21.1	0.91	18.8	1.02	20.6	0.94
Impaired ADL (Mean)	45.8	47.8	0.96	47.6	0.96	46.9	0.98	49.4	0.93
Psychological Problems	54.8	63.4	0.86	57.6	0.95	58.4	0.94	57.4	0.96
Nursing Care Required (Mean)	7.9	7.3	1.08	7.8	1.02	7.2	1.10	7.3	1.08